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Complete and send this form, together with applicable fee				P.O. Box 1450 Alexandria, Virg <u>Sax</u> (571)-273-2885	zinia 22313-1450		
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7590 03/15/2006 Stacey E Caldwell Molex Incorporated 2222 Wellington Court				Ce	rtificate of Mailing or Transhis Fee(s) Transmittal is bein with sufficient postage for fit il Stop ISSUE FEE address PTO (571) 273-2885, on the	smission	
Lisle, IL 60532 05/03/2006 MBERHE1 00000021 501873 10533424				Merri Richa	rdson	(Depositor's name)	
01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA				April 26, 20	MACHARAS	(Signature)	
OF FE:8001 3.0 APPLICATION NO.	FILING DATE	FIRST NAMED IN		NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/533,424 TITLE OF INVENTION: EI	09/12/2005 LECTRICAL TERMINAL I	HAVING RESIST	Naoya Mat ANCE AGAINS		A3-152PCT EMOVAL	8966	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	06/15/2006	
. EXAMINER		ART UNIT		CLASS-SUBCLASS]	•	
GUSHI, ROSS N		2833 .		439-845000	_		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON	THE PATENT (p	orint or type)			
(A) NAME OF ASSIGNEE (B) molex incorporated				ata will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment. B) RESIDENCE: (CITY and STATE OR COUNTRY) 2222 Wellington Court Lisle, Illinois 60532			
Please check the appropriate	assignee category or catego	ries (will not be pr	rinted on the pate	ent): 🔲 Individual 🚨 C	orporation or other private gr	oup entity Government	
4a. The following fee(s) are on the following fee(s) are on the fee and feet are of the feet a	nall entity discount permitte	ed)	b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50–1873 (enclose an extra copy of this form).				
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• -			• •		ly paid issue fee to the applications attorney or agent; or t	(0) ()	
Authorized Signature	the he				pril 26, 2006		
Typed or printed name Charles S. Cohen Registration No. 32,210							

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